

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CRIMINAL JUSTICE
POLICE TRAINING COMMISSION
25 MARKET STREET, PO Box 085
TRENTON, NEW JERSEY 08625-0085
TELEPHONE: (609) 984-0960
FAX: (609) 984-4473

EXTENSION OF TRAINING TIME REQUEST FORM

The individuals listed below require extensions of training time in order to undergo training in a basic course. Also listed are their titles, social security numbers, dates of appointment, reasons for seeking the extensions of training time, name of basic course and scheduled dates, and the school where basic training will take place.

<u>Job Title</u>	<u>Name of Officer</u> (Last Name, First)	<u>S. S. #</u>	<u>Date of Initial Appointment</u>	<u>Name and Dates of Basic Course</u> (From - To)	<u>School</u>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Reason For Request:

Request submitted by:	_____	_____	_____
	(Signature)	(Please Print Name and Title)	(Date)
Contact Person:	_____	E-mail Address:	_____
Telephone Number ()	_____	Fax Number ()	_____
Employing Agency	_____	Agency Address	_____